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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	JACOBS, CHRISTOPHER, L., (b) Address (number and street)		Check if addre	se change		2. Candidate's	's EEC Identii	fication N	lumber	
	PO BOX 387		oneck ii addie	ss changed		H0NY270		iication iv	unbei	
	(c) City, State, and ZIP Code					3. Is This	New		v	Amended
	CLARENCE		N,	Y 140		Statemen	( )	OR	×	(A)
4.	Party Affiliation	5. Office Sou				rict of Candidate	е			
	REPUBLICAN PARTY	House			NY	23				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	NOTE: This designation should be f	iled with the ap	ppropriate off	ice listed in	he instructions.					
	(a) Name of Committee (in full)  JACOBS FOR CON	GRESS								
	(b) Address (number and street) PO BOX 387									
	(c) City, State, and ZIP Code									
	CLARENCE				NY	14031				
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)									
8.	I hereby authorize the following nan candidacy.	ned committee	, which is NO	T my princi	oal campaign con	nmittee, to recei	ive and expe	nd funds	on beh	alf of my
	NOTE: This designation should be f	iled with the pr	rincipal campa	aign commit	tee.					
	(a) Name of Committee (in full)  JACOBS VICTORY	COMMIT	ГТЕЕ							
	(b) Address (number and street) 228 S WASHINGTON STREE	Т								
	SUITE 115									
	(c) City, State, and ZIP Code									
	ALEXANDRIA				VA	22314				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate					Date				
JA	ACOBS, CHRISTOPHER, L., ,			[Elec	tronically Filed]	05/21/2022				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
(a) Name of Committee (in full)								
	FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST							
	(b) Address (number and street) PO BOX 30844							
	(c) City, State, and ZIP Code BETHESDA	MD	20824					
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign	nmittee, to receive and expend funds on behalf of my						
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign (a) Name of Committee (in full)		nmittee, to receive and expend funds on behalf of my					
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaigr		nmittee, to receive and expend funds on behalf of my					
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							